unknown to him at the time. The paper was followed by a discussion, in which Dr. Josephson described the method by which Thure Brandt treats rectal prolapse. Though he has had no personal experience with it, he communicated a severe case which was successfully treated by Dr. Krumpf, of Vienna, one of Brandt's followers. Dr. Lindblom reported a successful case treated by this method. Dr. E. Peterson, on the contrary, has not observed a single case where success could be said to have been attained, though it was tried in several. The writer, with regard to this latter method, stated that he could not see how one could expect to grasp the intestine sufficiently through the abdominal walls, and exert strength enough to raise the gut from the pelvis. This he has found very difficult, even with his hand in the pelvis itself.—*Hygiea*, 1892.

FRANK H. PRITCHARD (Norwalk, Ohio).

VI. Thirty-eight Cases of Excision of the Rectum for Cancer. By J. HARRISON CRIPPS, F.R.C.S. (London). Of upwards of 400 cases of rectal cancer examined by the author in fifteen years, in about one-half any operative treatment was advised against. Of the remainder 114 were operated upon, 38 by excision and 76 by colotomy. Of the 38 cases of excision 3 died from the operation, 35 recovered.

SUBSEQUENT HISTORY OF CASES THAT RECOVERED.

7 No reliable subsequent history.
10 Recurrence within one year.
5 Recurrence between first and third year.
1 Died a year later without recurrence.
1 No recurrence after eighteen months.

10 No recurrence . . . . . {
3 under 1 year.
1 after 2 years.
1 " 3 "
2 " 4 "
1 " 5 "
2 " 6 "
1 " 12 "

It will be seen that out of the 28 cases whose subsequent history can be traced, in 15 recurrence is known to have taken place, while in 12 no recurrence had occurred. In 7 of these over three years had elapsed, so that these cases may be considered as cures, and since such cases have more interest attached to them than others, the following brief facts concerning them are given:

DETAILS OF CASES THAT HAVE SURVIVED WITHOUT RECURRENCE FOR OVER THREE YEARS.

CASE I.—*After Three Years.*—E. C., aged forty-nine, was sent to me by Mr. Malcolm, of the Samaritan Hospital, and I operated at St. Bartholomew's in May, 1889. Three and a half inches of the bowel were removed, a narrow strip of unimplicated mucous membrane being left along the posterior wall, the disease being chiefly on the anterior half of the bowel. The disease had so invaded the septum that a portion had to be removed. The opening was closed by fine silk sutures. The patient, who had some albumen in the urine, convalesced very slowly. On her discharge from the hospital at the end of nine weeks the wound was practically healed, but showed a considerable tendency to contract, but by the persistent use of the bougie this was overcome. The albumen disappeared from the urine June, 1892. The patient is now in excellent health. There is a slight annular ring of cicatricial tissue just within the anus. There is no sign whatever of recurrence. The patient has fair control over her motions, except when she has diarrhœa.

CASE II.—*After Four Years.*—A gentleman, aged forty-one, under the care of Dr. Fletcher, was operated on by me in January, 1888. The disease was confined to the posterior half of the bowel; the lower border of the disease was one and a half inches from the anus, and the upper border four inches. It was closely adherent to the coccyx and lower sacral bone, but was dissected off without removing either bone. The patient for two years used a bougie daily on account of contraction. This has now entirely disappeared. He has become stout, and has been in excellent health ever since the opera-

tion. There is no sign of any recurrence (May, 1892), and the patient has perfect control over his motions.

CASE III.—*After Four Years.*—M. M., aged sixty-one, was sent to me by Mr. Doran, and was operated on by me in 1878. Two inches and a half of the bowel were removed. In three months there was a slight spot of recurrence, which was removed, the portion being not larger than a pea. About a year later a recurrence took place, and again a small nodule was removed. I frequently saw the patient during four years, and the parts remained thoroughly sound and healthy.

CASE IV.—*After Five Years* (*nearly*).—S. P., aged thirty-five, was operated on at St. Bartholomew's Hospital in October, 1887. The disease, which had surrounded the bowel, had extended high, and had implicated the lower half of the rectovaginal septum, a fistula having formed through which a fungoid mass protruded into the vagina. Rather more than four inches of the bowel were removed, including about half of the whole thickness of the rectovaginal septum. The wound was allowed to heal over a large-sized bougie, but notwithstanding this contraction gave some trouble, and for the first year she had very little control over the motions. By the end of the second year the tendency to contract had almost ceased, but as a precautionary measure I advised her to pass the bougie once a fortnight. In 1890 she was confined of a fine, healthy baby, and when last examined, in 1891, there was no sign of recurrence, the part being soft and supple. The appearance of the parts resembled what is seen in a bad case of ruptured perinæum, but the patient had acquired fair control over her motions.[1]

CASE V.—*After Six Years.*—The patient was a lady, aged forty. On the anterior wall of the rectum, nearly five inches from the anus, was a typical patch of adenoid cancer about the size of a florin. It could only be felt when the patient strained down, and the portion of bowel on which it was situated became invaginated. With the

[1] Since reading this paper a small nodule of recurrence was observed; this has been removed and the patient is now free from disease.

assistance of Dr. S. Smith, the patient's medical attendant, I removed the disease, dissecting it off together with a portion of the muscular coat, treating the remainder of the base with the actual cautery. In six months the disease had recurred. It spread at an alarming rate, and there was a growth the size of a five-shilling piece, with indurated, overlapping edges and a hard, ulcerated base. Assisted by my colleague, Mr. Butlin, I was enabled, by vulsellum forceps, after making the posterior cut, to drag the bowel some distance downward. I completely cut round the growth, including the whole thickness of the bowel wall, a portion of the peritonæum being removed and the opening closed with catgut sutures. Some contraction followed, necessitating the prolonged use of the bougie. There is still no sign of recurrence (July, 1892), and the patient has given up the bougie for two years. There is now a scarcely perceptible contraction, and patient has complete control over the motions.

[TO BE CONTINUED.]